

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/030971

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		0		1		
5		0		2		
6		0		7		
7		0		1		
8		0		1		
9		0		1		
10		0		1		
11		0		1		
12		0		1		
13		0		1		
14		0		1		
15		0		1		
16		0		1		
17		0		1		
18		0		1		
19		0		1		
20		0		1		
21		0		1		
22		0		1		
23	1		1			
24	1		1			
25		0		1		
26		2		2		
27		2		2		
28	1		1			
29		1		1		
30		1		1		
31		2		1		
32		2		1		
33		2		1		
34		0		1		
35		0		5		
36		0		1		
37		0		1		
38		0		1		
39		0		1		
40		0		1		
41		0		1		
42		0		1		
43		0		1		
44		0		1		
45		0		2		
46		0		2		
47		0		2		
48		0		2		
49		0		2		
50		0		1		
TOTAL IND.	4		4			
TOTAL DEP.	52		66			
TOTAL CLAIMS	56		70			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				1		
52				1		
53				1		
54				1		
55				1		
56				1		
57				1		
58				1		
59				1		
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS